



# NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description of CON Rulebook Contents

## Divider I. Application Summary:

- |                          |       |                          |                                                                   |
|--------------------------|-------|--------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 1. Applicant Identification and Certification (Form MO 580-1861). |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 2. Representative Registration (Form MO 580-1869).                |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.   |

## Divider II. Proposal Description:

- |                          |       |                          |                                                                                                                                                                 |
|--------------------------|-------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 1. Provide a complete detailed project description.                                                                                                             |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 2. Provide a legible city or county map showing the exact location of the project.                                                                              |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 3. Define the community to be served.                                                                                                                           |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 4. Provide 2005 Population projections for the 15-mile radius service area.                                                                                     |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 5. Provide other statistics to document the size and validity of any user-defined geographic service area.                                                      |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 6. Identify specific community problems or unmet needs the proposal would address.                                                                              |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 7. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new equipment. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 8. Provide the methods and assumptions used to project utilization.                                                                                             |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.     |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 10. Provide copies of any petitions, letters of support or opposition received.                                                                                 |

## Divider III. Community Need Criteria and Standards:

- |                          |       |                          |                                                                                                                                                                |
|--------------------------|-------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 1. For new units address the need formula for the 15-mile radius and any proposed geographic service area.                                                     |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 2. For new units, address the minimum annual utilization standard for the 15-mile radius and any proposed geographic service area.                             |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 3. For any new unit where specific need and utilization standards are not listed provide the methodology for determining need.                                 |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 5. For evolving technology address the following:                                                                                                              |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | - Medical effects as described and documented in published scientific literature;                                                                              |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | - The degree to which the objectives of the technology have been met in practice;                                                                              |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | - Any side effects, contraindications or environmental exposures;                                                                                              |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;          |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | - Food and Drug Administration approval;                                                                                                                       |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and                                                  |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | - The degree of partnership, if any, with other institutions for joint use and financing.                                                                      |

## Divider IV. Financial Feasibility Review Criteria & Standards:

- |                          |       |                          |                                                                                                                                                                                 |
|--------------------------|-------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.                                               |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 3. Provide Detailed Institutional Cash Flows (Form MO 580-1866) projected through three (3) years beyond project completion.                                                    |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 4. Document how patient charges were derived.                                                                                                                                   |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 5. Document responsiveness to the needs of the medically indigent.                                                                                                              |